ADMINISTRATION OVERVIEW

SERVICE SPECIFIC ATTACHMENT

**Wanderer Locator Service**

1. General Policies and Procedures
	1. Please describe the merits of your system and how ASAP clients and caregivers can benefit by them:

* 1. What is the timeframe for delivery of Identification Materials and what exactly is sent/given to the consumer/caregiver?

* 1. Are consumers/caregivers prompted to update critical information including health and medication updates by your company? If so, how?

* 1. How do you insure the patient ID bracelet will fit the consumer’s wrist?

* 1. What is your policy for notifying the ASAP Case Manager about problems encountered that affect or could affect completion of the authorized service?

* 1. Describe your policy for communicating to the ASAP Case Manager events that have occurred with their consumers:

* 1. How do you insure a consumer is still an active participant in the service?

* 1. What is your protocol for sending out an alert when a consumer is reported as missing? Who is alerted and how is the alert sent?

* 1. Where are your operators located?

* 1. Please include a copy of the form used for patient registration.

1. Personnel Procedure
	1. What trainings do you conduct annually?

* 1. How is confidentiality of client information maintained?

Name of Provider employee who completed this form:

Signature: Date: